

**MAINE FAMILY LITERACY INITIATIVE
PROGRAM YEAR 2003-2004 GRANT APPLICATION**

COVER SHEET Proposal A or Proposal B (Circle One)

Fiscal Agent _____

Address _____

Collaborating Agencies/Organizations _____

Address _____

Project Title _____

Project Administrator _____

Telephone Number _____ **Fax Number** _____

E-Mail _____

Funds are requested in the amount of \$_____ for the family literacy program described in the attached summary and application.

It is understood that any change in the project will require approval by the State Department of Education and the Barbara Bush Foundation for Family Literacy.

It is understood that expenditures will be made and program requirements will be met with respect to the standards, policies and procedures determined by the Department of Education and the Barbara Bush Foundation. Fiscal records, invoices, and similar verifications of all expenditures will be kept available by the fiscal agent for three (3) years after payment.

This is to certify that all information contained herein is accurate, complete, and current and that the organization I represent meets all the eligibility criteria set forth by the Maine Family Literacy Initiative.

Authorized Signature

Fiscal Agent _____ **Title** _____

Name (Type or Print) _____ **Date** _____

Authorized Signature

Partner Agency _____ **Title** _____

(Proposal A only) _____

Name (Type or Print) _____ **Date** _____

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Project Abstract

**MAINE FAMILY LITERACY INITIATIVE
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(Proposal A only)**

BUDGET SUMMARY FORM

ORGANIZATION: _____

PROJECT TITLE: _____

PROGRAM COSTS:

MEFLI GRANT LOCAL FUNDS OTHER GRANT = TOTAL PROJECT
FUNDS + + FUNDS FUNDS

**PERSONNEL (Indicate % Full Time
Equivalent (FTE))**

FRINGE

CONTRACTUAL SERVICES

TRAVEL

MATERIAL & SUPPLIES

OTHER

TOTALS

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STATEMENT OF ASSURANCE

(Include with *Attachments*)

The applicant hereby assures the Chief State School Officer that it will comply with the Americans with Disabilities Act of 1990 (PL 100-336).

Original Signature of
Project Administrator

Date:
